

CLAIMS ONLY

Application Number

10563444

Filing Date

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						
36.						
37.						
38.						
39.						
40.						
41.						
42.						
43.						
44.						
45.						
46.						
47.						
48.						
49.						
50.						
Total Indep			2			
Total Depend			19			
Total Claims			21			

	Indep	Depend	Indep	Depend	Indep	Depend
51.						
52.						
53.						
54.						
55.						
56.						
57.						
58.						
59.						
60.						
61.						
62.						
63.						
64.						
65.						
66.						
67.						
68.						
69.						
70.						
71.						
72.						
73.						
74.						
75.						
76.						
77.						
78.						
79.						
80.						
81.						
82.						
83.						
84.						
85.						
86.						
87.						
88.						
89.						
90.						
91.						
92.						
93.						
94.						
95.						
96.						
97.						
98.						
99.						
100.						
Total Indep						
Total Depend						
Total Claims						